

NOTICE OF INDEPENDENT REVIEW DECISION

January 15, 2003

RE: MDR Tracking #: M2-03-0464-01
IRO Certificate #: IRO 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 50 year old female sustained a work-related injury on ____ when she slipped and fell backwards down approximately 12 to 13 steps. She injured her right wrist and struck her low back and head. An MRI performed on 01/09/01 revealed moderate disk desiccation and mild annular bulge at L5-S1. A lumbar discogram performed on 02/07/02 revealed that L3-4 level contained a grade III anterior and posterolateral tear. Level L4-5 contained a grade II anterolateral annular tear, and level L5-S1 contained a grade II annular tear. The patient has been diagnosed with lumbar radiculopathy, bilateral lumbar facet syndrome, bilateral sacroiliitis, periformis syndrome, and myofascial pain syndrome. The treating physician is recommending that the patient undergo a percutaneous lumbar decompression at levels L3-4 and L4-5.

Requested Service(s)

Percutaneous lumbar decompression at levels L3-4 and L4-5.

Decision

It is determined that the percutaneous lumbar decompression at levels L3-4 and L4-5 is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The indication for a percutaneous lumbar decompression (nucleoplasty) is a contained herniated nucleus pulposus (HNP). Neither the MRI nor the CT scan provides evidence that the patient has an HNP and a nucleoplasty would not be indicated for the patient's given pathology. Therefore, the percutaneous lumbar decompression at levels L3-4 and L4-5 is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 15 th day of January 2003.
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